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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### OPIMUM VS. BELLADONNA, WITH CASES OF POISONING,

In three separate classes, comprising those cases of opium poisoning treated with, and those treated without belladonna; also, of belladonna poisoning treated with opium.

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(Continued from No. 923.)

Before analyzing my own table, I wish to refer to the table of R. H. Fitz, who offered a tabulated statement of cases treated with and without belladonna, and of belladonna poisoning, as a thesis, to Harvard University, which was published in the Boston *Medical and Surgical Journal*. This includes published cases from 1809 to 1866, from which latter date this table begins. He gives seventy-four cases of opium poisoning with fifty-nine recoveries and fifteen deaths, a death rate of  $20\frac{1}{2}\%$  per cent. These were cases treated without belladonna.

He gives seventeen cases treated more or less with belladonna; recoveries thirteen, deaths four, a death rate of  $23\frac{1}{2}\%$  per cent, or greater than without belladonna. This can, to some extent, be accounted for by its including some cases where every other means had failed before belladonna was resorted to. He also gives seventeen cases of poisoning by belladonna; of these fifteen recovered, two died, a death rate of  $11\frac{1}{2}\%$  per cent. These were treated without opium. He further gives thirteen cases of belladonna

poisoning treated with opium. Of these twelve recovered, one died, death rate  $8\frac{1}{2}\%$  per cent.

In our table, it is clear to my mind that in thirty of the cases collected, belladonna was very valuable in their treatment, being the only means, or nearly the only means relied upon in their management. It is also apparent that in fifteen of the cases it proved very valuable in conjunction with other means. While in six cases it failed entirely. This leaves us about one-third of the cases where the belladonna treatment was so mixed up with other plans and means used, that it becomes at once difficult to state how much benefit may be attributed to the one or the other.

Of the seventy-four cases, but four died, a death rate of  $5\frac{1}{2}\%$  per cent., a difference in favor of the belladonna treatment of nearly fifteen per cent. over the results shown by Dr. Fitz's table of cases. No doubt a part of this favorable appearance is given by the publication of cases that resulted favorably, while some not so resulting are left in dark oblivion, hence we cannot more than approximate correctness in this matter.

In the table of opium poisoning, where belladonna was not used, one case is reported where that agent was given, when the patient was virtually dead, the chief treatment consisting of ammonia and croton oil. Of the eleven cases reported, three died, or a mortality rate of  $27\frac{1}{2}\%$  per cent. This number is too small to draw any conclusions from, but taken in connection with Dr. Fitz's table, is sufficient to show the mortality rate to be higher than in those cases where belladonna was used freely.

In the table of cases of belladonna poisoning,

it is very apparent that the opium treatment was of the greatest value, and about the only treatment used in fifteen of the thirty-two cases, and that it was proven to be efficient in six of the cases where used in conjunction with other means. Also that it failed in four cases, or at least three cases (one case claimed where it was not efficiently used), while in six other cases its benefits were doubtful. Of the thirty-two cases, five died, but in one case there was no treatment of any kind instituted, hence it is just not to count it in the list of cases treated with opium. In still another case (No 10), no opium was used, so that it was only resorted to in thirty of the cases collected (these two cases really should be left entirely out, but they will stand as examples, where no treatment was used, or where opium was not used).

The table then shows really thirty cases where opium was used, of these, there were four deaths, a mortality rate of 13½ per cent. Taking the thirty cases in the first table of opium poisoning, and the fifteen cases in the last table, where no or little other means was used in their treatment, than the one drug to antagonize the other, we have forty-five cases from which to draw conclusions as to their real value, in antagonizing each other. While from the others we may infer, for the most part, the relative value of this plan of treatment.

For myself, I look upon belladonna as one of our best resources in the treatment of opium poisoning and vice versa, but would not consider it wise or proper to avoid the use of other known valuable means of treatment, as coffee, sinapisms, frictions, artificial respiration, electricity, etc. Certain it is that there is a strong opposing influence between the two, else a lethal dose of one could not permit recovery under the use of the other without other aid, as some of the collected cases will plainly show.

#### CASES OF OPIUM POISONING TREATED WITH BELLADONNA.

CASE 1.—1866, female, adult. Took tr. opii., amount not known, says thirty cents' worth, at half-past eleven P. M. Symptoms.—Stupor profound; pupils contracted, small; convulsions; respiration irregular and imperfect; eyeballs everted; pulse 68, full and hard. Treatment.—Gave ext. belladonna, one grain; in half an hour two drops of fl. ext.; repeated several times at same interval. At 1.30 A. M. respiration better, pulse 70, strong; convulsions less frequent.

At 2.45 A. M., partially conscious; doses repeated at 3, 4, and 5 A. M.; became conscious; throat and tongue dry; could not speak, but wrote. Improvement continued to recovery. Amount of belladonna given, ext. one grain, fl. ext. twenty-two drops. Recovered. Page 597, Cincinnati *Lancet* and *Observer*. Service of Dr. White, Commercial Hospital.

CASE 2.—1867, female, aged 39. Took tr. opii., three drachms, at 10.23 A. M. Symptoms.—Scarcely sensible at 10.38; skin cold, pulse small and frequent, respiration shallow, pupils firmly contracted. Treatment.—Zinc sulph., strong coffee; walked about; at 2.30 P. M. enema of turpentine and oil, sinapism; tr. belladonna, ten minims, every thirty minutes; coffee continued; 6.30 P. M., pupils dilated, acting slowly; belladonna continued for five doses; bowels open; roused frequently. Next day perspires freely, pupils respond, tongue dry, furred; thirsty, throat dry, no appetite, bowels open, pulse 72; given tonics and stimulants; convalescent. Recovered. Radcliffe, *Lancet*, 1867. Braithwaite, Ret. 1868.

CASE 3.—1867, female, aged 60. Took tr. opii., six pennyworths, nearly one ounce. Taken at 11.30 P. M., seen at 11.15 A. M. next day. Symptoms.—Was insensible; skin cold; pupils contracted; pulse feeble; respiration shallow; chest and abdomen immovable. Treatment.—Emetic of mustard and water, per stomach pump; enema of strong coffee; shaking and flapping with cold cloths. 2 P. M., enema, turp. and ol. ricini., sinapism to epigastrium; ten minims tr. belladonna every thirty minutes; drowsy next day; thirsty, and throat very dry; pupils dilated; after nineteen doses tr. belladonna, gradual improvement next two days; put on tonics; convalescent on third day. Recovered. Radcliffe, *Lancet*, 1867; Braithwaite, 1868.

CASE 4.—1867, female, adult. Took morphia, quantity unknown. Subject "a nymph du pave" and a morphia eater, often taking at once sixteen grains. How long taken not stated. Symptoms.—Found comatose; respiration stertorous; pulse small, feeble; pupils contracted; jaws firmly set; extremities cold; deglutition impossible. Treatment.—Sol. atropia, two grains to one ounce, hypodermically, exact amount not stated. Became conscious after an hour, then gave six grains of solid extract belladonna, in two parts, two hours apart; no other treatment mentioned. Recovered. Jas.

T. Newman, *Chicago Medical Journal*, November, 1867; *COMPENDIUM OF MEDICAL SCIENCE*, January, 1868, p. 22.

CASE 5.—1868, female, aged 38. Had Magendie's solution, fifteen minims, hypodermically. Soon after giving the dose, was summoned. Symptoms.—Found patient's lips purple, respirations seven per minute, no pulse at wrist, but one sound at heart, pupils contracted to a point, frothing at mouth, extremities cold, could not swallow. Treatment.—Artificial respiration for an hour; all respiration for a time ceased. Gave atropia, one-sixtieth grain. No signs of life now, but in fifteen minutes pupils began to dilate, in ten minutes more to breathe, and soon rose to twelve respirations per minute. In a half hour repeated atropia; consciousness returned in fifty minutes. Total time unconscious, two hours and a half. Recovered. *Med. Record*, Aug. 15, 1868; *Amer. Jour. Med. Science*, Jan. 1869, p. 287. By M. S. Buttle and Prof. Budd.

CASE 6.—1868, male, aged 40. Took thirty grains gum opii. Seen thirty minutes after taking dose. Stout, muscular man; resisted all efforts at treatment for one hour. Emetic zinci sulph., mustard, tartar emetic, lobelia, tepid water, but no emesis for one or two hours, nor till after atropia was used, of which one-eighth of a grain was given. Now profoundly narcotized. In thirty minutes atropia repeated. In thirty minutes pupils respond. Pulse changed from 50 or 60 to 140. Could now be roused; vomited freely; flagellated with cold towel and walked. Two hours later narcotism increased, but with flagellation, walking, etc., he gradually recovered. This patient had also taken ten to twelve ounces of whisky at time of taking the opium. J. P. McGee, Trenton, Tenn., *Amer. Jour. Med. Science*, July, 1869, p. 282.

CASE 7.—1868, male, aged 50. Took Magendie's solution, ten drachms, two and a half to three hours before seen. Was given an emetic in thirty minutes after taking, which acted. Symptoms.—Found him convulsed, pulse scarcely perceptible, respiration impeded, pupils contracted, unconscious, but could be aroused. Treatment.—Gave atropia, one grain, water, one drachm, of this thirty drops hypodermically, coffee, brandy, heat to feet. In half an hour, pulse full, pupils dilated, convulsions ceased, said he felt better, gradually convalesced. Recovered. C. M. Moffit, *COMPENDIUM MEDICAL SCIENCE*, January, 1869, p. 69.

CASE 8.—1868, male, aged 50. Took tr. opii, one-half ounce. Treatment.—Atropia one-twelfth grain, and in a half hour one twenty-fourth of a grain more. Emetics failed to act, patient in critical condition from collapse. Treated by Dr. Samuel Frank. Recovered. C. M. Moffit, *COMPENDIUM OF MEDICAL SCIENCE*. Loc. cit.

CASE 9.—1868, female, aged 39. Took tr. opii, three drachms, at 10.15 A. M. Treatment at 10.30 A. M. Symptoms.—Scarcely sensible, skin very cold, pulse small, a little frequent, respiration shallow, pupils contracted, is sleepy. Treatment.—Emetic, sulph. zinc, after which, strong coffee; walked. 2.30 P. M., turp. enema, with oil; sinapisms; tr. belladonna, ten minims, every thirty minutes. 6.30, pupils slightly dilated, belladonna repeated every one and a half hours for five doses; bowels moved; belladonna repeated with gentian every four hours till next day; gradually convalesced. Recovered. *Lon. Lancet*, from Hosp. Rep., given by *COMPENDIUM OF MEDICAL SCIENCE*, January, 1869, p. 25.

CASE 10.—1868, female, aged 60. Took tr. opii, nearly 3j, twelve hours before commencement of treatment. Symptoms.—At 11.15 A. M. insensible; aroused by shaking; skin cold; pupils contracted; pulse feeble; respiration shallow. Treatment.—Emetic given per stom. pump, and enema of coffee; kept awake by shaking and cold flappings. 2 P. M., enema of turp. and oil; sinapism over stomach; tr. belladonna, minims x every thirty minutes; continued to full effect; tonics and stimulants afterward; gradually recovered. Loc. cit.

CASE 11.—1868, female, aged 5 weeks. Took tr. opii, 3j, three to four hours before treatment. Symptoms.—The babe seemed almost dead; pulse and respiration quite ceased; skin dark purple hue. Treatment.—Tr. belladonna, gtts. xv every fifteen minutes, till he thought it equal to opium taken; gave oil and nauseants; child kept aroused. At end of twelve hours vomited, and bowels moved, then consciousness slowly returned; gradual convalescence. Loc. cit. Treated by Dr. Reynolds, of Houlton, Pa.

CASE 12.—1869, male, aged 32. Took paregoric, several large doses, and tr. opii, 3j, at 10 A. M., four hours before treatment began. Symptoms.—At 2 P. M., insensible; respirations 7 per minute; stertorous; face livid; one pupil dilated largely, the other contracted, fixed; deglutition impossible; pulse, 50; feeble. Treat-

ment. Galvanism for half an hour; no effect; then atropia, one forty-eighth grain, repeated in twenty minutes; seemed better in fifteen minutes; atropia again in thirty minutes, after which there was rapid improvement. At 6 p. m. could swallow and speak. No other treatment used. Was discharged well, next morning. *Med. Arch.*, per *Comp. Med. Science*, July, 1869, p. 77. Treated by E. A. Clark, M. D.

CASE 13.—1869, female, adult. Had Magendie's sol. hypodermically, six minims or more. Treatment soon afterwards. Symptoms.—In a short period after the injection she became comatose; livid; respiration stertorous; pupils contracted; insensibility complete. Treatment.—Atropia  $\frac{1}{4}$  gr., hypodermically. This was followed by all the symptoms of belladonna poisoning, which lasted acutely for several hours, and from which complete recovery did not take place for several days; no other treatment except stimulants. Recovered. Benj. J. Wilson, *Compendium Medical Science*, July 1869, p. 79, from *Journal Materia Medica*.

CASE 14.—1869, female, aged 45. Took pulv. opii, fifteen grains, over two hours before treatment began. Found her with the usual symptoms of opium poisoning. Treatment.—Emetic of zinci sulph., which acted; after which fluid extract belladonnæ, twenty gtts. every half hour; walked; in six hours stupor profound; galvanism; soon the belladonna began to produce its effect; pupils dilated, etc.; no effect from galvanism; slept six or eight hours; total belladonnæ one hundred and twenty gtts. Recovered. M. P. Barker, M. D., *MEDICAL AND SURGICAL REPORTER*, February 20, 1869; *Compendium Medical Science*, p. 79.

CASE 15.—1869, male, aged three months. Took tinct. opii, dose not known; time not stated. Symptoms. Found deep coma; skin pale; lips and alæ nasi livid; muscles relaxed; respiration slow, labored, stertorous; pupils contracted; heart acting feebly. Treatment.—Tr. belladonnæ six gtts.; cold dash; sinapisms to the extremities; occasional artificial respiration; repeated belladonna in forty minutes; soon better; three drops in two hours; ice to spine; three drops again in two hours; pupils dilated; better otherwise; well next day. Recovered. Dr. Kreeker, Cressona, loc. cit.; Dr. J. G. Kœler, council.

CASE 16.—1869, aged eight months. Took morphia, one grain, at noon; seen at 5 p. m. Had all the symptoms of severe

opium poisoning. Treatment.—Stripped the child; applied cold douche to spine, head, and epigastrium; gave tincture of belladonna liberally; seemed for a time to revive it; pupils rapidly and largely dilated under the belladonna. Died at 6 p. m., one hour after first seen. J. P. Chesney, M. D., of New Market, Mo. *Leavenworth Medical Herald*, per *COMPENDIUM OF MEDICAL SCIENCE*, January, 1870, p. 162.

CASE 17.—1869, male, adult. Took morphia six grains; time not stated. At 5 p. m. narcotism apparent, strong coffee soon after taking; was able to converse at 5 o'clock. Treatment. Gave atropia one quarter grain; at 5½ o'clock gave one-tenth grain more; at 6 o'clock strongly disposed to sleep; would walk with help; pulse 120; respiration not very slow; pupils still contracted. At 7 o'clock narcotism quite complete; respiration stopped when not roused; deglutition impossible; face livid; conjunctiva injected; pupils less contracted. At 8 o'clock general symptoms unchanged; violent shaking; smart blows; pupils now natural size. Recovery probable; not positively stated. *Buffalo Medical and Surgical Journal*, November, 1869, per *COMPENDIUM OF MEDICAL SCIENCE*, January, 1869, p. 162.

CASE 18.—1869, female, adult. Took morphia two grains, hypodermically; symptoms of narcotism in less than five minutes; given at 3 p. m. In ten minutes case alarming; pulse 30; respirations, ten; profound coma; pupils contracted; deglutition impossible. Treatment.—Atropia one-sixteenth grain, hypodermically; repeated in a few minutes; in five minutes some improvement; atropia repeated; in fifteen minutes symptoms abated; pupils dilated; by 10 p. m. was comfortable, but feeble; next morning was well; no other treatment used. G. R. Patton, *Lancet and Observer*, per *Trans. Ohio State Med. Soc.*, 1871, p. 86.

CASE 19.—1870; aged 2 years. Took tincture opii, amount not known, time not stated. When seen, "prognosis almost positively fatal." Treatment. Tincture belladonna, gtts. xv. every twenty minutes, for four doses. "Soon after fourth dose, exhibited every sign of belladonna intoxication." Medicine discontinued, and child soon well. "No disagreeable sequelæ occurred." C. C. Lee, *Trans. Ohio State Medical Society* for 1871, page 86.

CASE 20.—1870; aged 4 months. Took tr. opii, minims xlv, one hour before treatment began, two hours before use of belladonna.



Symptoms.—No emesis effected; child comatose, but could swallow; surface cold; pallid; respiration slow; pulse feeble; pupils contracted. Treatment.—Tr. belladonna, gtt. xv, repeated three times, at intervals of fifteen minutes. In thirty minutes after last dose, marked improvement. Dose repeated; quite well next morning. J. A. Little, of Delaware, Ohio; Trans. Ohio State Med. Soc., 1871, p. 84.

CASE 21.—1870; adult. Took morphia, grs. xlv; time before seen not stated. Symptoms not given. Treatment.—In course of five or six hours, 50 grs. ext. belladonna was given, with other remedies not named. Patient "next day well." Dr. Little, loc. cit., p. 88.

CASE 22.—1867; female, adult. Took morphia, five grains, six hours before seen. Had all the symptoms of opium poisoning. Treatment. Cold to head, face, and chest; shaking; tr. belladonna, 3j, every thirty minutes for two hours, after which recovered. J. L. Prentiss, Amer. Jour. Med. Sci., April, 1867, page 565.

CASE 23.—1870; male, adult. Took opium, twelve grains. Had all the symptoms of severe opium poisoning; pulse, 110; weak; respiration, 6 to 3. Treatment.—Atropia, one-twenty-fourth grain, at two injections. Recovered. T. Griffin, Chirur.-Med. Exam., Aug., 1870, per Comp. Med. Sci., Jan., 1871, p. 32.

CASE 24.—1874; female; adult. Took tincture opii, 3j, at 9 P. M.; seen at 10½ P. M. Treatment. First "tried all the usual means known, but without any effect." Then gave fluid extract belladonna, 3ss. Symptoms at once improved, but seemed, later, to be in danger from the belladonna. However, was safe by 3 A. M. Recovered. Manfelde, MEDICAL AND SURGICAL REPORTER, 1871, vol. xxiv, page 479.

CASE 25.—1871; infant. Not stated. Treated with belladonna alone. Recovered. Same as above.

CASE 26.—1871; male, aged 21. Took tincture opii, half ounce, and pulverized opium, 3j. Found thoroughly narcotized. Treatment.—Tincture belladonna, 3j; strong coffee; large doses of emetic; finally vomited; flagellation; dragging; cold; coffee and belladonna freely. Gradual improvement, after many hours' treatment. Recovered. F. H. Roope, MEDICAL AND SURGICAL REPORTER, 1871, vol. xxiv, page 390.

CASE 27.—1871; aged 6 months. Took powders of morphia and opium at 1 P. M.; seen at 5 P. M. Symptoms of severe opium poison-

ing. Treatment. Flagellation; ammonia to nostrils; cold showering; pricking, etc. These failed; then used alternate warm and cold baths; little effect; then gave belladonna, gtt. 50, every fifteen minutes, for three doses. This, as soon as absorbed, seemed to place the child out of danger. Recovered. W. G. Binkle, MEDICAL AND SURGICAL REPORTER, 1871, vol. xxv, page 513.

CASE 28.—1871; female, adult. Took tincture opii, one ounce, at 5 A. M.; seen at 10 A. M. Thoroughly narcotized; had vomited; symptoms well marked. Treatment. Emetic, acted freely; took, altogether, one-sixtieth grain of atropia. Slept soundly till 12 P. M. Gradual recovery. D. G. Bucklin, New York Medical Journal, October, 1871, page 400.

CASE 29.—1871; adult. Took pills of opium and gum camphor, grains 1 to 2. Symptoms of profound poisoning. Treatment. Used every means except electricity, but "critical collapse ensued." Then gave ten minims Flemming's solution of atropia, repeated twice, at thirty minutes' interval; before time for fourth dose, improved; gradually rallied. Recovered. Bucklin, same as above.

CASE 30.—1871; adult. Took tincture of opium, one ounce, at bedtime; seen next evening, at 5.30. Narcotism delayed about twenty hours. Treatment. Galvanism (*belladonna seemed to increase the narcotism*) for five and a half hours; poles tied to hands; enema of beef tea and brandy every three hours. Recovered. Dr. Martin, Gynecological Journal, July, 1871.

CASE 31.—1871; female, adult. Took morphia, nine hours before seen. Extreme symptoms of opium poisoning. All efforts had failed. Treatment. Gave atropia, one-fifteenth of a grain; sinapism to nape, chest, and feet; pupils well dilated in twenty minutes; was kept partially conscious by shaking; used, latterly, electricity. Gradually recovered. H. R. Mills, Compendium of Medical Science, July, 1872, page 224.

CASE 32.—1872; female, aged 15. Took tincture opii, concentrated, equal to six to eight grains pulverized opium. Symptoms. Found complete coma; pupils contracted, fixed; respiration stertorous; pulse full, slow, and labored; insensible; face livid; deglutition difficult. Treatment. Emetic of mustard, ipecac, warm water; no emesis; gave, hypodermically, grains 1½ alc. extract belladonna; pupils di-

lated; symptoms better; copious emesis followed soon. Gradual convalescence. Recovered. Hasford Walker, M. D., loc. cit., page 225.

CASE 33.—1872, female, aged 33. Took morphia, amount not stated; seen four hours afterwards. Symptoms.—Found face livid, no pulse at wrist, heart very feeble, respiration six, pupils contracted, surface cold. Treatment.—Considered the case hopeless, but gave atropia, one-forty-eighth of a grain, hypodermically; repeated in half hour; better after first dose; conscious ten minutes after second dose; rapid recovery. Dr. Buechner, Youngstown, Ohio, loc. cit., p. 227.

CASES 34 to 39.—1872. Took laudanum or morphia. T. LeMaddin, before the Tennessee State Medical Society, reports six successful cases, three adults and three infants. Treated with belladonna; all recovered, though the dose of tinct. opium were from one-half to one ounce for former, and very large for the infants. COMPENDIUM OF MEDICAL SCIENCE, July, 1872, page 226. See *Nashville Journal of Medicine*, May, 1872.

CASE 40.—1872. Took morphia by injection. Dr. Leyman also related a case of recovery under atropia treatment. I have not the history of these cases. Recovered. Dr. Leyman, loc. cit., *Boston Medical and Surgical Journal*, February 1, 1872.

CASE 41.—1872, female, adult. Took tr. opii, two ounces. A lady of melancholy spirits bought a two-ounce vial of laudanum, and took the whole. Drs. Brown and Stockwell were associated in this case. This is the first case he knew where a patient recovered when under its influence so long. He attributes the saving of this woman to the injection of atropia. Recovered. Dr. Murdock's report before Central New York Medical Society, in *MEDICAL AND SURGICAL REPORTER*, Vol. XXVI, page 53.

CASE 42.—1870; aged 13 months. Took tincture opii, 3vj, three hours before treatment. Symptoms.—Child perfectly comatose; pupils contracted; respiration slow, stertorous; pulse scarcely perceptible; skin cool, clammy; face pallid; symptoms of approaching death. Treatment. Emetic of ipecac, sulph. zinc; warm water in a stream to back of head; no emesis; gave aromatic spirits ammonia and strong coffee, per rectum, all to no purpose; alternate warm and cold baths caused a faint cry. This treatment continued more than two hours; then artificial respiration; no improvement. Then gave

tincture of belladonna, gits. xv, repeated in fifteen minutes; again in ten minutes, after which effect noticed; after fourth dose, gradual improvement; child had been kept in motion; friction, flagellation, etc. Recovered. M. M. Alexander, Knoxville, Tennessee, *Compendium of Medical Science*, January, 1873, page 35.

CASE 43.—1872; aged 7 months. Took morphia, grains 2. Symptoms. Found in a state of profound coma; complete anaesthesia; livid; cold; pupils contracted; no perceivable circulation in extremities; respirations two to four, stertorous. Treatment. Solution belladonna, per enema, until the equal of ten grains had been given. Rapid recovery. R. D. Bone, *Nashville Journal Medicine and Surgery*, for August, 1872.

CASE 44.—1872. Took tincture opii, amount not stated. Symptoms not given. Treatment.—Belladonna thrown into the stomach. Recovered. N. G. M. Walker, *Abstract*, 1873.

CASE 45.—1872; male, aged 65 years. Took morphia, grains 1½; opii, grains 1½, in divided portions. Narcotism delayed twenty-four hours, at least; then symptoms of opium poisoning complete. Treatment. Emesis; cold dash; walked, shook, etc., from 1 to 7 P. M.; then gave atropia, hypodermically, as follows:

R. Atropia,	grs. j
Acid acet.,	gits viij
Aque,	3j.

Of this, minims vij at 9 P. M., minims viij at 12.49 A. M., minims x at 3.13 A. M., minims x at 8.52 A. M., minims xij at 10 A. M., minims xij at 11.08 A. M., minims xij at 12 M., minims xij repeated at 1, 2, and 3 P. M., also at 4.09, and at 5.50 P. M. During all this time jerking, rolling, etc., and enema of nourishment and stimulants. Seems better at 5 to 6 A. M. next day; dies at 5 P. M. Between one-quarter and one-third grains atropia used. R. F. Brooks, Carthage, Mo., *Medical Record*, August 9, 1873. Comments by H. C. Wood.

CASE 46.—1869; female, aged 24. Took morphia, grains twelve and a half. Complete narcotism. Treatment. Emetic; counter-irritants; coffee; brandy; extract belladonna, 3ss every half-hour till 3ij were given. Gradual improvement followed. Recovered. B. F. Barnes, Taylorville, Illinois; *Medical and Surgical Reporter*, vol. xxviii, page 415.

CASE 47.—1870; female, adult. Took tincture opii, three ounces; seen three hours after taking. Found complete narcotism. Treatment.

—Emetic, but it failed; fluid extract belladonna, gtts. xxv, every twenty minutes for two hours, then lessened to gtts. x, for an hour longer. In half-hour from this time, improvement. Recovered. Same as above.

CASE 48.—1872; male, aged 40. Took tincture opii, one ounce, at 4 P. M.; seen at 5 P. M. Taken on empty stomach. Found him with well-marked and severe symptoms of opium poisoning. Treatment. Mustard; strong coffee; emetics; but no emesis resulted. Then gave fluid extract belladonna, 3j, repeated in ten minutes, after which, free emesis; fluid extract belladonna, 3j at 6½ and 8 P. M.; condition critical; belladonna having effect; stimulants, frictions, movements, etc.; at 11½ P. M., better, having given liquid ammonia, 3ij, whisky, 3vj, per rectum. Gradual recovery. H. L. W. Burritt, Bridgeport, Connecticut; Medical and Surgical Reporter, vol. xxviii, page 316.

CASE 49.—1872; male, adult. Took tincture opii, ten drachms; seen immediately. Followed promptly by profound symptoms of opium poisoning. Treatment. Emetics, but no action from them; was walked; shaken; cold douche often; counter-irritants; electricity; finally resorted to atropia. At 11 P. M., four hours after taking, case seemed hopeless; pupils then widely dilated. Gave repeated injections, hypodermically, of whisky,\* 3j; atropia; electricity; shaking; rolling; sinapism; continued till next day at 9 A. M.; rational at 10 A. M. Gradual recovery. J. S. Todd; American Journal of the Medical Sciences, January, 1873, page 131. Assisted by Drs. McMiller and Henderson.

CASE 50.—1872, female, aged 35. Took fourteen drops, of a sol. morphia, one grain to one drachm, given at 9 A. M. Followed by immediate prostration, from which she was roused by shaking, and conversed rationally; this was followed by symptoms of narcotism. Treatment. Turpentine enema, six drachms, but did not move bowels; coffee, constant rousing, and forced respiration; vomited occasionally; brandy and coffee probably vomited up; constant rousing required; at 1½ A. M. the symptoms greatly increased in gravity; gave atropia, one-eightieth of a grain, hypodermically; perceptible improvement followed; repeated at 2 and 2½ A. M.; at 3 gave one-sixtieth of a grain;

after this decided improvement. Recovered. H. C. Wood, *American Journal of Medical Science*, April, 1873, reported by Spencer, Davis and Eshleman, of the Philadelphia Hospital.

CASE 51.—1872, female, aged 19. Took tincture opii, two ounces; seen three hours after taking. Well marked symptoms. Treatment.—Emetic; copious emesis; infusion of tannin, followed by tincture belladonna thirty drops; repeated twice in fifteen minutes; cup of strong tea and brandy; symptoms increasing, gave one drachm of tincture belladonna and turpentine enema; electricity; sinapisms; flagellation; five hours elapsed; belladonna thirty drops every thirty minutes; gradual improvement. Recovered. Same, reported by James White.

CASE 52.—1872, male, adult. Took morphia acet. six grains, g. opii three grains, at bedtime; seen at 5 A. M. next day. Profound coma. Treatment.—Without pursuing any other treatment whatever, gave, in divided doses, within half an hour, two and a half teaspoonfuls of official tincture belladonna; semi-conscious in one hour; in four hours completely so. Recovered. Same, reported by J. E. Garretson.

CASE 53.—1872, male, aged 45. Took tincture opii, six drachms, an hour before seen. Narcotized. Failed to induce vomiting; respirations fell to six in one and one-half hours; gave eight grains extract belladonna in next four hours; respiration kept up by cold douche; at the end of four hours the pupils began to dilate; respiration better; vomited freely; recovered rapidly after this. Same, reported by M. D. Knight.

CASE 54.—1872, male, aged 33. Took tincture opii, one-half ounce, and one hour later morphia, one-quarter grain, hypodermically; repeated in ten minutes. The last dose followed at once by profound sleep; some hours afterwards found symptoms of severe opium poisoning. Treatment.—Extract belladonna one grain every twenty minutes, and two grains were at once injected into leg, six to eight grains given in all; at end of three hours better. Recovered. Same, reported by same.

CASE 55.—1873, male, aged 55. Took morphia, ten to twenty grains; seen five hours after taking. Considered patient moribund. Treatment.—Artificial respiration; cold douche; rubbing with mustard; sinapisms; gave extract belladonna, ten grains, in each arm,

\* The whisky, in this case, seemed of the greatest benefit, the pulse rising in frequency and fullness immediately after giving it, hypodermically.

also coffee by hypodermic syringe at every available point, followed by stimulants, coffee by stomach, etc.; gradual recovery; little if any effect from the belladonna noted. J. B. Garrison, *MEDICAL AND SURGICAL REPORTER*, vol. 30, p. 111.

CASE 56.—1874; male, aged 54. Took morphia, grains 12; seen two hours after taking. Symptoms of poisoning well marked. Treatment.—Cold douche; atropia, one twenty-fifth of a grain, hypodermically, repeated in fifteen, and again in thirty minutes; applied heat; atropia repeated in forty-five minutes. After this, gradual improvement. Recovered. H. Wardner, *Compendium of Medical Science*, July, 1874.

CASE 57.—1874; female, adult. Took morphia, grains 7. Treatment in all respects same as in the above case, except less atropia given, viz., one-eighth grain. Recovered. Same.

CASE 58.—1874; male, aged 40. Took morphia, grains 7, in solution, on empty stomach; seen in one and a half hours. Symptoms of extreme poisoning by morphia. Treatment.—Emetic; slight action; flagellation; pinching; dragging; atropia, one-forty-eighth of a grain, repeated in a half-hour, but little effect from it [quantity too small. S.]; then electricity strongly, poles over medulla and spine, and over the vagi, phrenic nerves, and diaphragm, by which artificial respiration was effected; emesis, later; liquor ammonia, in ten minim doses, at short intervals. In seven and a half hours, patient considered safe. Recovered. Geo. M. Schweig, *New York Medical Journal* for March, 1874.

CASE 59.—1874; male, adult. Took morphia, grains six to seven. Symptoms of extreme poisoning. Treatment of this case essentially the same as the one above, except more atropia given. It must be read, as published, to be appreciated. Recovered. J. D. Traak, *New York Medical Journal* for August, 1874.

CASE 60.—1874, infant. Took Winslow's soothing syrup, five drachms, in the morning; seen in the evening. Found all the symptoms of opium poisoning well marked. Treatment.—Used warm bath, then large sinapism over chest and abdomen, followed by an extensive belladonna plaster, flagellation, shaking, etc.; as soon as able gave it strong coffee to its fill. Recovered. E. C. Fisher, Olifton, W. Va.

CASE 61.—1874, infant. Took Winslow's

soothing syrup, two drachms. Symptoms and treatment same as in above case. Recovered. Loc. cit.

CASE 62.—1863, infant. Took tr. opii, fifteen drops. Symptoms.—Found child apparently dead; heart feeble, no pulse at wrist, extremities cold, congested with venous blood, pupils contracted. Diagnosis, opium poisoning. Treatment.—Gave three minims of fluid extract belladonna, per rectum, and one minim on its tongue; carried it out and let the rain fall on its face; soon a sighing respiration; in an hour respiration six per minute; used friction towards heart; pupils dilated in first hour; gradual improvement; respiration normal in eight hours. Recovered. A. L. Knight, West Columbia, W. Va.

CASE 63.—1863, male, adult. Took morphia, quantity not known, probably five grains, for relief of sciatica. Well-marked symptoms of poisoning. Treatment.—Fluid extract belladonna, per rectum; no effect from it observable. Patient died apparently from effects of morphia taken. This was a feeble sciatic patient. Loc. cit.

CASE 64.—1873, female, aged 16. Took opium and pulv. Doveri, exact amount not stated; taken about 8½ to 9 P. M. Symptoms.—Found her unconscious; respiration six or seven per minute, labored; limbs relaxed, cold; face dusky, pale; pupils contracted; pulse under fifty; could not rouse her. Treatment.—Ipecac and tart. emet. heat to extremities; frictions; emetic failed; sent for Dr. Terry; gave fluid extract belladonna, ten drops; in twenty minutes gave twenty drops more; then used electromagnetic current; some effect from it; one hour later no improvement; then gave hypodermically one-thirtieth of a grain of atropia; at this time no effect from the fluid extract of belladonna given; in twenty minutes extremities warm; pulse rose from fifty to one hundred and fifteen; from this time gradual improvement. Recovered. Ely Van De Warker, *Southern Medical Record*, March, 1874.

CASE 65.—1873. Cause not stated. Symptoms not given. Treatment.—After the energetic use of coffee, atropia, artificial respiration, whisky, and galvanic battery had failed, the administration of oxygen gas was followed by gradual return to consciousness. Recovered. Farrington, *Medical Times*, per *Southern Medical Record*, March, 1874.

CASE 66.—Took tincture opii, four drachms. Under care of Dr. S. Frank. Treatment.—



Gave one-eighth of a grain of atropia hypodermically; particulars not given; (it is not likely that the atropia was all given at one dose.) Recovered. *Chicago Medical Examiner*, February 15th, 1874, p. 80.

CASE 67.—1870, male, aged 20. Took morphia sulph. the day and night before. Symptoms.—Found him in a fit; stertorous respiration; coma profound; foaming at mouth; respiration three to four; pulse very feeble; face purplish; extremities cold; pupils contracted; insensible to shaking, flagellation, walking, cold douche; he could not swallow. Treatment.—Gave fluid extract of belladonna, thirty drops, in his arm, and gave enema of turpentine in egg emulsion, per rectum; ice water to head and face; feet in hot bath; slight improvement in forty minutes, but relapsed after an hour; then one drachm of fluid extract of belladonna hypodermically, from which time he gradually improved. Recovered. G. W. Seip, MEDICAL AND SURGICAL REPORTER, September 26th, 1874, p. 258.

CASE 68.—1874, male, aged 25. Took tincture opii, two and one-half ounces, eight hours before seen. Found all the symptoms of profound narcotism. Treatment.—Gave, hypodermically, two-thirds of a teaspoonful of fluid extract of belladonna, and per rectum a strong infusion of coffee, and one-half drachm of liq. ammon. fort.; no effect from battery; in a half-hour signs of improvement; no further treatment, except a repetition of rectal enema; gradual recovery. C. W. Stockman, MEDICAL AND SURGICAL REPORTER, August 29th, 1874, p. 164.

CASE 69.—1874, aged 18 months. Took tr. opii, quantity unknown. Parents gave strong coffee freely, from which free emesis occurred. Symptoms.—When seen had contracted pupils, pulse 150, very feeble, respiration slow, weak, skin pale, livid, and cold. Treatment.—Kept it awake, gave of atropia solution, one grain to three drachms, three drops every fifteen to twenty minutes, till twelve drops were taken. Meantime gave one and a half drachms of tr. belladonna, on account of tendency to vomit, but there was no emesis or stool. From an hour later patient gradually recovered. A. A. Mannon, Cincinnati Clinic, May 2d, 1874.

CASE 70.—1874, male, aged 33. Took tr. opii, two ounces, at 4.30 P. M. Found at 5.45 P. M., entirely comatose. Treatment.—At 6.30 P. M., stomach pump; 6.40, gave one-twenty-fourth of a grain of atropia, hypo-

dermically. Repeated at 7.20, followed by perceptible dilatation of pupils. Battery at 7 P. M.; no other treatment. Respiration raised from seven to twelve; was conscious at 12 M., but died at 5 P. M. Death from pulmonary oedema. Collected for and reported to me by J. B. Mattison, M. D., of Chester, N. J.

CASE 71.—1864, aged 26 months. Took tr. opii, one drachm, by mistake. One hour afterwards commenced use of Squibb's fluid extract belladonna, which was continued till recovery. Ib.

CASE 72.—1870, male, aged 4 days. Took pulv. opii comp., three grains, for three doses, two hours apart. Two hours after last dose, comatose; symptoms urgent. Treatment.—One drop fluid extract belladonna, followed in thirty minutes by rash, resembling scarlatina; from this time gradual recovery. In after treatment, gave a few drops of arom. spts. ammon. Ib.

CASE 73.—1874, female, aged 24. Took tr. opii, large teaspoonful. Symptoms.—Patient having typhoid fever, respiration 5 to 7, profound stupor four hours later. Treatment.—Fluid extract belladonna, six drops every thirty minutes for four doses, when she was better, then gave stimulant. Recovered. Ib.

CASE 74.—Aged few months. Took tr. opii, large dose, by mistake. Treated successfully by free use of belladonna. Recovered. Ib.

[The citation of cases illustrative of the remaining classes, viz., opium poisoning treated without belladonna, and belladonna poisoning treated with opium, will be concluded in our next number.]

#### A CASE OF INTUSSUSCEPTION.

BY EDWARD STILES, M. D.,  
Of Philadelphia.

I was called, October 20th, to see Ella P., aged five months, and obtained from the mother, who was somewhat illiterate, a history, which, together with the symptoms presented, led me hastily to conclude that the child was laboring under an attack of dysentery, and for which I prescribed cathartic doses of hydrarg. chlorid mit., and an antacid, laxative, and carminative mixture. Called next day, 21st, and found the patient much worse, and with the following symptoms: Persistent vomiting of the only ingesta, breast milk; matter vomited at times mixed with bile; bloody passages from the bow-

els; these hemorrhages, about six or eight in number since last visit, were also at times slightly tinged with bile, but no solid or fecal matter, nor had there been any passed since beginning of attack; much prostration; pulse feeble; countenance dull and languid; patient lay at times semi-unconscious, and at intervals flexed its limbs upon the abdomen, as if in pain; no febrile action, but rather a coolness of the surface; the case having, in fact, many of the symptoms of shock. On closely questioning the mother as to the history, the following information was elicited: On Sunday last, the 18th, P. M., she and a friend, accompanied by the infant, had attended a funeral which went several miles out of town; the road was rough, and the carriage and occupants much jolted; to this they attributed the illness of the child, who had been remarkably healthy since its birth. On the following morning, 19th, she was suddenly seized with vomiting, small and repeated hemorrhage per anum, unaccompanied by diarrhoea or any fecal matter, apparently suffering intense pain, and restless during day and night. These symptoms all persist, with the addition of tympanites and some febrile reaction, but moderate thirst, until this date, when I at once came to the conclusion that the child was suffering from intussusception of the bowels, the result of the mechanical violence received, and of which history I had been until the present ignorant. Prescribed spiritus frumenti, gttss. v to x every hour, with anodynes, cataplasm of flaxseed meal to abdomen, and ice, in small lumps, to be placed occasionally in the mouth. Consultation fixed for following morning.

October 22d. Child somewhat brighter, though much prostrated; abdominal pains apparently diminished; tympanites increased; vomits still on taking food or medicine, as she has since the first day; about the same number of hemorrhages since last visit. Dr. C. consulted with me, but thought that the case was one of dysentery, and directed a saline laxative mixture of magnesia carb., with the intention of producing a free fecal evacuation; this remedy, at his urgent request, was administered, and the others remitted; the effect was an aggravation of all the symptoms and increase of the hemorrhages, which now became quite copious.

October 23d, A. M. Condition much worse; rapidly sinking; expired at 11 A. M.

*Remarks.*—On making a careful resumé of all the symptoms, and consulting the works of

some of our latest writers on this rare accident of childhood, I have concluded, without hesitation, that the symptoms of this case were unmistakably those of invagination or intussusception, though, owing to the strong prejudices of the parents, being denied the opportunity of verifying this opinion by a post-mortem examination; two symptoms alone, during life, were wanting, viz., the presence of a tumor detectable through the abdominal walls, and the protrusion of the bowel from the anus. "In recorded cases the first has been recognizable in but two or three out of every ten, and the latter is stated to be a symptom not generally present, and to which but little diagnostic value has been attached by different authors" (Meigs and Pepper, 4th edition, 1870). No attempt was made to feel an invaginated mass per rectum.

Rilliet and Barthez call attention to the moderate degree of thirst during the course of this disease, and also the absence of any marked emaciation, as in other acute diseases of equal duration and severity, both of which conditions existed here and tended to confirm the diagnosis.

Leaving out any remarks upon the treatment and the unfavorable prognosis of the case at any stage, I desire to put the case upon record, as well as the peculiar cause producing it, together with the "sex" of the child, it being a proportionately rare occurrence in the female, according to published statistics, ranging from the ratio of "two males to one female," to that of "twenty-two boys" out of twenty-five cases collected by Rilliet and Barthez.

#### ACUTE RHEUMATISM, WITH AN ENDOCARDIAL BRUIT, AND APPEARANCE OF PURPURA FEBRILIS SIMPLEX.

BY F. K. BAILEY, M. D.  
Of Knoxville, Tenn.

On September 22, 1874, I was called to see a little boy five years old, twin, and the more rugged of the two. Light complexion, red hair, and very sanguine in temperament. Found him very hot, skin dry, and continually calling for drink. Tongue coated, bowels inclined to constipation, but little appetite, urine red. Both feet and ankles swollen, red, and hot; tender to touch; and there is a general condition of hyperæsthesia, with extreme irritability of temper. Prescribed as follows:—

R. Iod. potassii 3ss  
 Syr. simplicis 3ss  
 Tr. actæ racemose 3ij  
 Tr. opii camph. 3ij  
 Ess. wintergreen aa 3j. M.

Sig. Thirty drops every four hours. Alternated with pulv. doveri, and small doses of hyd. cum. creta., to be followed with castor oil, after eighteen hours.

23d, 11 A. M. Much the same. Bowels open; urine more free but still red.

24th, 3 P. M. But little change, except that the right wrist is swollen, hot and red. Continued mixture, and alternate with pulv. doveri. and leptandrin.

25th, 3½ P. M. Feet less affected; right hand better, but the left now affected. Bowels moved two or three times; thirst continues, and is hot. Continue same treatment. I might have stated that from the first, a strong infusion of peach leaves has been applied topically.

26th, 3 P. M. Hands still swollen; feet but little affected. Noticed to-day an eruption upon the legs, of purpura febrilis simplex, of Wilson. Slight appearances seen upon the forearms. Extremely irritable, and will not tolerate being touched or moved. Bowels opened twice in last twenty-four hours; stools inclined to be solid and scanty. Continued mixture of dov. pulv. and leptandrin, the latter in increased doses. To be allowed lemonade and acid fruit.

Monday, 28th. Symptoms much improved; slight swollen condition of the left hand and wrist; other parts previously swollen now free from soreness; less irritability; bowels open and stools copious; urine still very red, and shows an acid reaction. Suspend mixture, and continue use of dov. powder and leptandrin.

Wednesday, 30th. Called and found all former symptoms which had characterized the case apparently removed; no tumefaction in any of the joints, and but for weakness, the little fellow would be about on his feet. From the first I had suspected some cardiac complications, but, as above stated, he was so extremely irritable that it was impossible to listen to the heart's beat on account of his loud crying and rapid respiration. To-day I was enabled to examine closely the chest, and found not only increased cardiac impulse, but a distinct murmur after the systole and occupying nearly the whole interval to the diastole. From the pitch of the murmur and the fact that but little complaint had been made of pain in the cardiac region, I concluded

it to be endo-cardial. The bowels being open and the appetite returning I gave only small portions of sulphate cinchonæ with Dover's powder, and discharged the patient as convalescent. I will add that the purpuric spots have wholly disappeared.

I shall take occasion to see the child from time to time, and watch the cardiac condition, and guard against relapse of the rheumatism, as such an occurrence would be apt to render permanent what we all deplore, disease of the heart in young subjects.

October 5th. The mother called and reported lameness and soreness in the left shoulder and back, and, from other indications, there may be cardiac complications in other parts of the organ. Gave Dover's powder with leptandrin.

7th. To-day there is pain in the right shoulder, with a difficulty in lying down, a smothering, and an inclination to start up suddenly. To continue the Dover's powder and leptandrin, and resume the mixture at first prescribed.

18th. Called in and found the child much improved, and able to go about without any complaint of lameness. I find the murmur still present, but to a less degree in distinctness, and confined to the left side of the heart. He is still pale, and has become considerably reduced in flesh. Advised care and proper protection from cold, and, as the bowels are open, with good appetite, prescribed no medicines.

Many writers, as well as physicians of extensive observation, with whom I have conversed, state that cardiac complications are well nigh universal in acute rheumatism. The doctrine of metastasis, as held by the profession a half century ago, is generally discarded at the present day, but the concomitance of the two is well established. The fact of peri- or endo-cardial inflammation accompanying rheumatism is an important one to consider. Why the heart so often and other internal organs so seldom the seat of diseased action in association with arthritic inflammation?

Rheumatism is considered as a blood disease, or a constitutional affection, by most authors. It attacks tissues covered by serous membrane, and its favorite seat is in the most dense fibrous tissue. The relative proportion of fibrine to the saline elements of the blood is more than doubled. It is easy to imagine that blood in the condition found in acute rheumatism should irritate the endo-cardium by coming in contact

with it, but that will not so easily explain how the peri-cardium should become also affected. The fact that the most dense tissue becomes affected, would go to prove that blood, loaded with fibrine and other abnormal substances, cannot readily find its way into and through such tissue, and consequently become a source of irritation and inflammation. But it is not proposed to discuss this subject in extenso.

The dermatoid phenomena in this case are not uncommon, but still an interesting feature, and doubtless referable to a peculiar condition of the capillaries. I have never seen purpura upon any part but the extremities, more commonly on the legs and feet. I saw one well marked instance in a patient laboring under

muscular rheumatism, with no cardiac complications that were discoverable. There is much that is interesting to the pathologist in the study of rheumatism. It is engaging the attention of our most able men, and it is to be hoped that physicians generally will learn to look upon the disease as something more than a simple swelling of the joints, and requiring little attention, but as an affection which is liable to cause permanent organic lesions in a most important internal organ. Its study also affords a fine field in which to observe phenomena in the commencement and progress of heart diseases, which latter do not receive the attention that is due to their importance by practitioners in general.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Enlarged Thymus in Children.

In a pamphlet entitled "Observations on a Peculiar and Dangerous Affection of the Respiratory Organs commonly met with in Infants and Children," published by Dr. Finch, of Colchester, England, the author gives five cases of disease which he believes to depend on enlargement of the thymus. The following is the only one of the five in which the autopsy was made:

On July 31st I was sent for to see another child of the same family, also a boy, aged three years, of stronger build and not so delicate in appearance as his brother. I had been attending him at intervals for nearly two years, for hoarseness and roughness of breath, with at times great difficulty in respiring. Eighteen months back, at the beginning of 1872, when recovering from scarlet fever, I had seen him in his first attack, when for eight or nine days his breathing was most painful and oppressed; since then he had never breathed quietly, always making some noise; when from any trivial cause he was out of sorts, this increased to almost a continual roar. Hitherto perfect quiet in the atmosphere of a warm room, liquid food, and infinitesimal powders of hyd. c. creta had sufficed to bring him round.

When I saw him at the present time his breathing was rather faster than it should be. In expiration the air made a loud rustling sound, inspiration was not so noisy, and had a whistling character; his face was rather anxious and pale; nothing could be seen amiss in the interior

of the throat or mouth; one tonsil was prominent, the other was not visible; on both sides of the neck and beneath the chin could be felt glands; the jugular veins were turgid with blood; the sternum projected in its upper part, and the cartilages of the first two or three ribs curved inward; the tongue was clean, and bowels rather costive. The pulse was between 80 and 85; all chest sounds were smothered by the noise of his breathing. He said he did not feel ill, and his father told me that he seemed all right, excepting his loud breathing. I treated him as on former occasions, and when I saw him next evening he was much improved. He continued to mend until August 4th, when he was so much better that I allowed his going out of the room and returning to ordinary diet. The rough breathing was still audible, like air being forced through a small orifice. In addition to the powders night and morning, he took small doses of iodide of potassium.

The next day I did not see him. I was told he was well enough to walk out with his sister, but objected to the passers-by looking at him, in wonder where the noise he made in breathing came from.

Next day, Aug. 7th, he was worse; the difficulty in breathing had increased; he was kept in bed, and because of his restlessness clothes were put upon him; he gasped for breath like one in an asthmatic attack; he was easiest in the prone position, with a pillow under the chin. In the evening he was much worse; the difficulty in breathing was intense, merely a narrow stream of air entering the lungs; the face was pinched, the eyes stared, the nostrils worked to and fro with every breath, the lips and nails were blue, and extremities cold; he was per-



fectly conscious. Mr. Nunn saw him in consultation with me about seven o'clock, p. m. A blister was ordered to be placed across lower part of throat, with chlorate of potas. mixture every two hours. I saw him again at 12 o'clock, midnight. The blister could not be kept *in situ*; an emetic produced but slight relief; every few minutes he dozed off, and awoke to fight for breath; gradually he became quieter, though still conscious, and died the next morning between six and seven o'clock, worn out.

Aug. 10th. Three days later I assisted Mr. Nunn at the examination of the body.

The body was thin for a child; the skin was discolored and livid in places, particularly on the throat and back. It was well formed with one exception; the sternum was prominent.

On opening the chest, the upper portion of anterior mediastinal space, behind the bone of the sternum, was seen to be occupied by a dark pink mass, extending upward to near the lower border of cricoid cartilage, and downward to a level with the second intercostal space; it adhered to under surface of sternum, and was dissected away with difficulty. We agreed that it was an enlarged thymus body; its surface was smooth, of uniform pale red color, and presented a few indentations. It was about half as broad as the palm of my hand, and twice that in length; it was thickest where it had lain just above the sternum, from thence, both upward and downward, it got thinner and narrower; on cutting into it a quantity of pinkish fluid escaped, and it became manifestly less in size. It seemed composed for the most part of cells about the size of a hazel nut, and one or two a little larger. The parenchyma was firm, and as far as we could judge healthy. The heart and large arteries were perfectly sound. The lungs were full of blood, but otherwise in good condition. The lining membrane of both larynx and trachea was injected and darker than natural, and adhering to the lower half was much tough dry mucus.

I had no means of weighing the gland; a piece of sheep's lung cut as near as I could collect to the size weighed two and a half ounces; from this, allowing for the difference of consistency and the presence of cells and fluid, I concluded the thymus body was something below two ounces in weight.

#### Interstitial or Pseudo-Membranous Enteritis.

The *Irish Hospital Gazette* says M. Wannebroucq read a paper at the recent meeting of the *Association Française pour l'avancement des Sciences*, on this form of enteritis, which, he said, merited a special description. Up to the present time it had been but little studied by authors, who seemed to regard it as of less frequent occurrence than it really was. It had also received the name of croupous enteritis, and ought to be connected with what was termed sporadic dysentery. The peculiar character of the disease consists in the expulsion of false

membranes, at first small and short, but which soon become thick, and extend to a length of from 15 to 30 centimetres (6 to 12 inches), and in exceptional cases even to a length of a metre (one yard and one-tenth), and even a metre and a quarter, as in a case observed by the author. Their form is variable, resembling sometimes the segments of tænia, while at other times they are tubular, or present the appearance of frog's spawn. The disease is ushered in, in the acute form, with very analogous symptoms to those of enteric fever (but neither rose nor slate-colored spots have ever been observed), and there is a remarkable tendency to pass into a chronic state. The expulsion of false membranes often lasts for months, or even years, without occasioning serious derangement of the general health. The anatomical lesions do not differ from those of chronic enteritis. The small intestine is never engaged, but always the large intestine, either the cæcum or colon, or the rectum; in the latter case the symptomatology is that of dysentery. Another point worthy of attracting the attention of the observer, is the frequent, almost constant, coincidence of nervous affections in the subjects of this form of enteritis. These affections present themselves in the female under the form of hysteria, in all its varied aspects, and in males chiefly in different kinds of hyperæsthesia, and in hypochondriasis. From these circumstances M. Siredey regards pseudo-membranous enteritis as a neurosis with disorder of the secreting system. Would it not be more correct to consider these nervous derangements as secondary and subservient to the influences of the visceral derangements?

#### Phosphoric Acid Secretion in Cerebral Disease.

We learn from *The Lancet* that Dr. E. Mendel has made a series of experiments on the above (*Archiv für Psychiatrie*), and has arrived at the following results: The quantity of phosphoric acid excreted by the kidneys under the influence of brain disease, and compared proportionally to the other solid principles of urine, varies considerably, from 2.49 to 3.93 per cent. The substance is excreted in greater quantity at night than during the day. In the chronic maladies of the encephalon there is a decrease in the absolute quantity of phosphoric acid excreted every day, as well as of the relative quantity in connection with the other solid principles of urine. In cases of maniacal excitement there is an increase in the absolute and relative quantity of the substance. Increase in the quantity is also observed during attacks of epilepsy and apoplexy, and after the administration of chloral and bromide of potassium. The decrease of the substance in chronic cases of brain disease must be attributed generally to diminution of muscular activity, dependent on the protracted course of the disease. In other cases it may be ascribed to the general weakness and exhaustion of the nervous system, the result of imperfect assimilation.

## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—"Shadows from the Walls of Death; Facts and inferences prefacing a book of specimens of arsenical wall papers, gathered by R. C. Kedzie, member of the Michigan State Board of Health," is the rather sensational title of a pamphlet printed by W. S. George & Co., Lansing, Mich. The author, who was chairman of the Committee on Poisons, of the Board, has found not only many specimens of wall paper containing arsenical dyes, but various cases of sickness probably attributable to the poisonous exhalations from them.

—The merits of the earth treatment in the management of open wounds is ably set forth by Dr. Addinell Hewson in an address delivered recently before the Delaware County Medical Society, and published at the request of that body. The mode of preparing the earth and the record of some cases are given in detail, and will be found very instructive.

—Messrs. Keith & Co., of New York city, have published a "Handbook of Practice," for those employing the concentrated medicines prepared by their firm.

—It is said that Tanner's *Practice* has had the greatest success of any medical publication in England for many years. Several editions of five thousand copies each have been sold.

## BOOK NOTICES.

**Croup in its Relations to Tracheotomy.** By J. SOLIS COHEN, M. D., etc. Philadelphia: Lindsay & Blakiston, 1874. 1 vol., cloth, pp. 78. Price \$1.00.

This essay was read before the Philadelphia Medical Society last January, and printed in the Transactions of the Pennsylvania State Medical Society for the current year. It is founded upon a thorough digest of over five thousand cases of tracheotomy in croup, and may therefore be regarded as the latest and most careful study of the subject. His conclusions are that the operation is admissible in croup; that an anæsthetic may be employed; that the incision should be made as near the cricoid cartilage as possible; that a dilator

should be used; and, of course, that the utmost surgical precautions should be employed.

**Clinical Lectures on Various Important Diseases;** being a collection of the clinical lectures delivered in the medical wards of Mercy Hospital, Chicago, by NATHAN S. DAVIS, A. M. M. D., etc. Edited by FRANK H. DAVIS, M. D. Second edition. Philadelphia, H. C. Lea. 1 vol., cloth, 12mo, pp. 283.

The diseases which the lecturer considers in the present volume are continued fever, periodical fever, rheumatic fever, scarlet fever, respiratory affections, tuberculosis, various diseases of the alimentary and renal tracts, dropsy, cerebral and spinal affections, cutaneous diseases, and delirium tremens. Of course, in so small a volume such a wide range involves very cursory consideration of many, even most of these maladies, and a more thorough discussion of a more limited number might have been more profitable to the reader.

Nevertheless, there is a great deal of practical utility in the book, and the fact that this is a second edition disarms, to some extent, the above criticism. Much is said of the treatment of cases, and generally very judiciously, though here and there one of the lecturer's hobbies (for instance, his dislike of alcoholic medication) peeps forth.

**Transactions of the Mississippi State Medical Association, 1874.** Vol. VII, pp. 118.

Commencing with the usual proceedings, etc., this volume contains the address of the President, Dr. J. M. Taylor, the subject of which was "Popular Education on Medical Subjects," and which is ably handled; the annual oration, by Dr. J. R. Hicks; a report on improvements in the treatment of uterine diseases, by Dr. A. B. Vaughan; on pepsine and pancreatic emulsion, by Dr. D. W. Booth; on hypodermic medication, by Dr. S. V. D. Hill; on alcoholic stimulants in anemia, by Dr. R. S. Toombs; on inebriate asylums, by Dr. Wm. F. Hyer; cases of yellow fever, by Dr. P. F. Whitehead; cases of surgery, by Dr. S. V. D. Hill; and cases of foreign bodies in the air-passages, by Dr. D. W. Booth.

This variety indicates that our Mississippi brethren are awake to the value of clinical study, and in this volume offer a contribution of solid merit to medical literature.

Office of the Medical and Surgical Reporter,

175 South Seventh Street,

PHILADELPHIA.

DOCTOR :—

As the time is approaching when you will decide upon your medical periodicals for the coming year, permit me to ask your attention to those published at this office, namely, THE MEDICAL AND SURGICAL REPORTER (weekly), and the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE (in January and July of each year.)

The REPORTER has now been established as a weekly journal for sixteen years. It was founded by the late DR. S. W. BUTLER, and its present editor has been connected with it six years. During the whole of this period it has labored consistently to advance the interests of the regular and scientific study and practice of medicine, with special reference to the *diagnosis* and *treatment* of disease.

The weekly numbers make up two volumes annually, each of about 600 royal octavo pages, double columns, in clear type and on good paper. The first volume for the present year, for example, has 612 pages, carefully indexed. It contains original communications from *one hundred and sixteen* different writers. Among them are clinical lectures by Professors S. D. Gross, J. M. Da Costa, D. Hayes Agnew, W. H. Pancoast, R. J. Levis, T. Gaillard Thomas, W. Pepper, E. Seguin, and other eminent teachers, all reported expressly for this journal. In the same and current volumes are numerous articles of great practical value, by Drs. William Goodell, S. Weir Mitchell, Brown Sequard, J. Marion Sims, J. Solis Cohen, etc., all contributed directly to the REPORTER.

The Editorials and Book Notices are by various hands, including some of the best known medical writers in the United States. No expense and no pains are spared to keep the REPORTER in the first rank of medical periodical literature. Its actual value to the practicing physician is best shown by the *wholly unsolicited* expressions of opinion of subscribers. From very many such, all received this year, the following are selected at random :—

*From Dr. Buist, Charleston, S. C.*

"I value your journal more highly than any other I subscribe to."

*From Dr. Putney, New Canton, Va.:"*

"I shall do all in my power to aid the circulation of the REPORTER as long as it maintains its present standard of usefulness to the profession."

*From Dr. Harris, Magnolia, Ark.*

"I take seven other medical papers, and there is not one I read with more pleasure than yours."

*From Dr. Turnbull, Bell Brook, Ohio.*

"I commend the MEDICAL and SURGICAL REPORTER as the best medical journal I have found for the country practitioner."

*From Dr. Helman, Center, Ohio.*

"In my opinion, the MEDICAL and SURGICAL REPORTER is the best medical weekly in print."

*From Dr. Marsh, Clinton, La.*

"Your journals contain a good and fair selection, and full digest of the medical literature of the day."

*From Dr. Cornell, Knoxville, Iowa.*

"We shall not do without the REPORTER in the future, even if we have to dispense with our other medical periodicals, for we think it the best."

*From Dr. Phillips, Knoxville, Pa.*

"I would rather use coal-ashes and tan-bark as drugs than do without the REPORTER!"

*From Dr. Dodge, Collinville, Texas.*

"I find the REPORTER one of the most interesting journals it has been my good fortune to get hold of."

*From Dr. Crowell, Linwood, Ark.*

"I must say, yours are among the very best medical publications issued."

*From Dr. Tanner, Bolivar, Mo.*

"I must have the REPORTER, as I cannot practice medicine satisfactorily without it. You may consider me a life-long subscriber."

*From Dr. Bruscu, Springboro, Ohio.*

"I have been much pleased with the REPORTER. The lectures on uterine diseases are the best I have ever seen published."

Very many more of like tenor could be added, but these are sufficient to show the estimation in which those who once subscribe regard the investment.

A peculiarity of the REPORTER is that it is wholly independent of parties or local interests. It is neither the advertising organ of a publishing house, nor of a medical college; and its contributors and subscribers are as numerous in the West and South, as in the East and North. Sectional prejudices and personal altercations are rigidly excluded, as uncongenial to the scientific spirit, and destructive of professional harmony; but, with these proper restrictions, the greatest freedom of discussion is encouraged, and the journal is thoroughly alive and awake in all matters of medical news and professional interest.



THE HALF-YEARLY COMPENDIUM is intended to embrace all the important facts in theoretical and practical medicine recorded during the six months previous to its publication. It is made up from all the medical periodicals of Europe and America, and culls from monographs, transactions of societies, and new books besides. It is intended to be a Supplement to the REPORTER. *No article is duplicated in the two journals.* Though each is complete in itself, they are intended to be taken together, and thus to make up a complete chronicle of medical progress. This plan has met with great favor from the profession. No other half-yearly gives any adequate representation to American writers.

The COMPENDIUM for each half-year makes a large octavo volume of more than 300 pages, with index and contents.

I should like you to make trial of these journals for one year. The amount required is not great, and I am sure you will not regret it.

THE PHYSICIAN'S DAILY POCKET RECORD, the most compact, comprehensive and cheapest visiting list published, the only one *good at any time for a year from date of purchase*, for thirty-five patients, with steel clasp, is issued at the REPORTER Office. Price, \$1.50.

#### TERMS (in advance):

The price of the REPORTER is \$5.00 a year.

The HALF-YEARLY COMPENDIUM is \$3.00 a year.

The REPORTER and COMPENDIUM together are \$7.00 a year.

The REPORTER, COMPENDIUM and POCKET RECORD are \$8.25 a year.

The REPORTER will be sent for three months on trial, for \$1.00.

Or, to new subscribers, from now until the end of 1875 for \$5.00.

Specimen copy free on application.

A specimen copy of the July, '74, COMPENDIUM will be sent for 50 cents.

A POCKET RECORD will be presented to any one obtaining a new subscriber to the REPORTER and COMPENDIUM.

Any one obtaining four new subscribers for the REPORTER will receive a copy for one year, free.

A subscriber to the REPORTER can be supplied with almost any other American medical or literary journal at 20 per cent. less than the published rates.

The safest way to send money is by P. O. order or draft.

Address,

**D. G. BRINTON, M. D.,**

**EDITOR,**

**115 South Seventh Street,**

**PHILADELPHIA.**



## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOV. 14, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☐ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☐ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

## NOTICE. 1875.

## EXTRA INDUCEMENTS.

Any of our subscribers obtaining one new subscriber and remitting for both before Jan. 1st, 1875, will receive either a copy of the DAILY POCKET RECORD, with his name stamped in gilt on the clasp, free, or the HALF-YEARLY COMPENDIUM for 1875, as he chooses.

A new subscriber will receive the REPORTER from now till the close of 1875 for \$5.00.

We offer subscribers and others a *specimen copy* of the HALF-YEARLY COMPENDIUM for July, 1874, 321 pages, at the low rate of 50 cents.

Any physician who will send us four new subscriptions, will receive a copy of the REPORTER free for one year.

The terms of our publications are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	\$5.00
Half-Yearly Compendium of Med. Science,	3.00
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - - -	8.25

Remit by P. O. order or draft, drawn in favor of  
D. G. BRINTON, M.D.,

115 South Seventh Street,

PHILADELPHIA, PA.

## A MEASURE OF PROGRESS.

In the last volume of the Proceedings of the American Antiquarian Society (April, 1874) is an interesting account of a manuscript in the library of the society, written about the year 1724 by the learned Puritan divine, Dr. COTTON MATHER. It is an "Essay upon the common maladies of Mankind," and is nothing else than a work on the domestic medicine of a century and a half ago. As such, it displays not merely the superficial knowledge of all such books, but further than that, the long respected, orthodox ways of looking at disease.

The title of the MSS we gather to be, "The Angel of the Pool of Bethesda," and as it is written by an old-fashioned Puritan preacher we naturally find in it much piety, much out-of-the-way erudition, and but little scientific method. "Sin," he tells us, "first brought sickness into a sinful world." "The body is unto the soul the instrument of iniquity." "Wherefore, under sickness we should make a solemn inquiry after sin."

This venerable doctrine, that sickness is the punishment of sin, still survives in regard to certain diseases, gonorrhoea and syphilis, for instance, and is the reason why most hospitals refuse to admit patients of these classes, and why sanitary regulations aimed to suppress the spread of these maladies are opposed, on the ground that this would be robbing sin of its divinely appointed punishment. A century from now this will be seen to be as anserine a notion as the one we have quoted from the reverend doctor.

To counterbalance these follies, which he shared with his time and creed, Dr. MATHER here and there displays a justness of conception worthy of his great reputation. The best of all preventives of disease, and one of the best of all remedies, he holds to be judicious exercise, especially combined with moderation in food, diet, and all other habits. His "Exercitation upon Exercise," if throughout in this spirit, might be studied to advantage at the present day.

Curiously enough, in his conjectures on the propagation of epidemic diseases, he lights upon and defends the theory that this is done by the agency of animalculæ. So that we have one of the most actively canvassed of modern hypotheses supported by this old time writer.

The best part of his book is that which describes and advocates inoculation to prevent small-pox. It should be forever remembered to his credit, that COTTON MATHER was the first to introduce this operation into America. He assisted and sustained Dr. ZABDIEL BOYLSTON in introducing it in Boston and vicinity, in 1721, at the cost of much calumny, persecution, and even personal violence. His description of precautions requisite, and mode of operation, is full and accurate, and deserves recognition by the medical historians of this Continent.

As for his therapeutics, they are chiefly of the most empirical character, and partake of the coarseness common to the popular pharmacopeia of the age. Human excrement, he considers "a remedy hardly to be paralleled," and as for the waters of medicinal springs, he says that the fountain with which nature furnishes every one of us (*i. e.* the urine), "exceeds them all." For a bad cough he recommends a few spoonfuls of cold water as a sovereign remedy. In fact, he inclines strongly to the opinion that after all, we shall do our souls more good by letting our sinful bodies suffer and die, if need be, and rather occupy our time with "serious and awful meditation on a just God and the power of His anger." However beneficial this course might prove, we doubt if many will be found to embrace it.

Such is the general character of this ancient treatise, which still retains an interest for him who likes to revert to the past, and measure by such landmarks, the benefits which science has conferred upon us. It is cheering to see how far we have advanced since that date, and how substantial are the conquests we have made.

## NOTES AND COMMENTS.

### Agency of the Half-yearly Compendium.

The agency of this periodical, previously in the hands of Mr. Hatch, has been *discontinued*. Those who received it from him are requested to apply directly to this office.

### Medical Legislation in New York.

The *New York Nation* says:—In May last a law was passed making it a misdemeanor, punishable by fine and imprisonment, to practice medicine or surgery in New York unless authorized to do so by license or diploma from some chartered school, State board of examiners, or medical society, or to practice under cover of a medical diploma illegally obtained. All practitioners who are destitute of the proper papers are required to submit to examination by the censors of the State, county, or district medical society, within thirty days after being notified to that effect, or take the consequences; and they must earn a certificate which "shall set forth that said censors have found the person to whom it was issued qualified to practice all of the branches of the medical art mentioned in it." These certificates are to be recorded in a special book by the county clerk. We have before us the notification of the censors of the Medical Society of the County of New York, which calls for the name in full of the practitioner to whom the circular is addressed, his residence, the name of the college or university granting his diploma, or society granting his license, with the date of either. The good fruits of this censorship we may hope soon to see.

A similar task has been undertaken, quite unofficially and without the support of law, and not, we suppose, without risk of innumerable libel suits, by the *San Francisco News-Letter*, whose peculiar gifts of personal abuse were never better employed. It publishes lists of the quacks who falsely pretend to have received diplomas, notably from European societies, takes account of their protests, prints their illiterate communications to the editor, and doubtless succeeds in making them, for the time being, uncomfortable and perhaps anxious, and of course thoroughly angry.

It is a pity that some very active measures could not be taken to root them out altogether.



## CORRESPONDENCE.

## Notes from Abroad—New Operation on the Eyelid.

LONDON, ENGLAND, Sept. 18, 1874.

ED. MED. AND SURG. REPORTER:—

I sent you a full account of the meeting of the British Medical Association, although unable to be present, being in Belfast during the latter part of the session of the British Association for the Advancement of Science. An outline of its proceedings, with the inaugural address of Professor John Tyndall and Professor T. H. Huxley were forwarded. These were very able addresses, by the first men in their departments. Of the former it is said: no scientific address ever before published has produced so profound an impression; as to the propriety of such an experiment at this time, it is in our minds doubtful, and yet the address has been received with more commendation than we could have expected. The British Association for the Advancement of Science is now in its forty-third year; its first meeting was held at York, 1831, under the presidency of Earl Fitzwilliam, F. R. S. It is of the migratory character, holding its annual sessions in different towns; and it admits to membership all who attended the first meeting, scientific professors, and those devoting themselves in any way to the promotion of scientific objects. I was delighted to have the opportunity of meeting so many of the scientists of the old world, and among their number noticed a large representation of the medical profession, who took an active part in its proceedings. I also enjoyed several delightful excursions to the Giant's Causeway, Grey Friars' Abbey, etc., and among the pleasant acquaintances I made was a physician by the name of Wm. Proctor, M. D., F. C. S., surgeon to the York Dispensary, formerly lecturer on chemistry and Forensic Medicine in the York school. This gentleman has written one of the best little books for popular use, on the hygiene of air and water. The object of the author has been to deal with his subject in as simple and popular a manner as possible, and to point out the injurious effects of impure air and water, the sources and origin of their impurities, with the means for their detection, and the several methods by which they may be removed or remedied. I also met that veteran in aural medicine, Sir Wm. Wilde, of Dublin, and when in that city I paid my respects to the distinguished Nestor in his department. I left Ireland with regret, having been received with great kindness and hospitality, and arrived in London after spending a short time with a relative, Dr. George W. Turnbull, at Exmouth, England, a distinguished general practitioner, and late assistant of the great deceased Sir James Simpson, of Edinburgh. I found Exmouth a lovely spot, and very attractive to the invalid and the seeker after pleasure. London, at this season of the

year, is almost deserted by its chief medical men, it being the holiday season with them.

My first medical visit was to Bloomfield St., Moorfield's, Royal London Ophthalmic Hospital, the largest institution of the kind in this immense city. By a reference to Fry's Royal Guide to the London Charities, for 1873-74, we find the number of persons benefited last year was, 19,432 out-patients, and 1313 in-patients, and the last year's receipts £5907. By the recent addition of a new wing, its accommodations for in-patients have been increased to eighty beds, while the out-patient department has been entirely remodeled, and has room for about four hundred patients daily. The whole number of attendances in 1872 being 95,160. The enlargement of the building has necessarily involved a considerable addition to the current expenses, which it is supposed in future will reach about £4000 annually. I found the two surgeons still in attendance who were there when my father visited its wards, in 1849,\* Drs. Bowman and Chritchett, both of whom were away, but I met Dr. Bader, Mr. G. Lawson, and Dr. Goddard Rogers, Dr. Bowman's assistants, also a Mr. Coupar, who were very polite. There was a new operation which I noticed, and of which I have sent a drawing. It was first freshening the edges of the lids in places, and stitching them together, in cases where, after operations on the cheek, etc., you suspect ectropion, and when the wound of cheek, etc., has healed, to divide the new unions of the lids. Second, to make an incision down to the cartilage in entropion, and so let the margin of the lid free, and not take out muscle, skin or cartilage. Incise at dotted lines (see Fig.), and the cilia will evert, and the wound gap (as light lines) and heal so. Said to be very successful.



The Hospital looks well and in good order, but the ventilation is defective. I send by mail a new edition of lectures on Aural Catarrh, by the late Peter Allen, M. D., a notice of whose death my father communicated to the Reporter. Haynes Walton, the distinguished ophthalmic surgeon, of St. Mary's Hospital, learned from his widow that a new edition of his friend's lectures was nearly ready for publication when his fatal illness commenced, he therefore advised their publication without delay, and most kindly undertook to do what was necessary for furthering it. He adds the following tribute to his valued colleague's work and heart:—"The lectures are eminently practical. Well do I know the pains which the author took in our St. Mary's aural department to gather pathological facts, as well as jealously to watch the effects of treatment, and faithfully, from his

\* See letters in MEDICAL AND SURGICAL REPORTER, by Dr. L. Turnbull, 1850.

convictions, to recommend therapeutic measures. It is with great confidence I recommend the production of one whom I thought so highly of, as an honest and gifted practitioner of aural surgery."\*

Mr. James Hinton, aural surgeon to Guy's Hospital, published, March, 1874, a work of 308 pages, which I send you, the title of which is, "The Questions of Aural Surgery," in which he has "endeavored to give a brief outline of the subject of ear disease;" and he also states, "Nothing is claimed as original; the chief part of our recent knowledge comes from Germany, with liberal contributions from America." He has also published an "Atlas of Diseases of the Membrana Tympani," and is translating the fifth edition of the work of "Von Tröltsch," with other secular and professional works.

Mr. Dalby, of St. George's Hospital (almost all the large hospitals have aural and ophthalmic surgeons attached to them, and most of the medical schools, lecturers on these subjects), stands now at the head of the list of aural surgeons.

A young aspirant for fame, James Keene, whose ranting, on "The Causes and Treatment of Deafness," has been rather roughly treated in the United States, is an assistant surgeon to the Central London Ophthalmic Hospital, and deserved better treatment at your hands, although he rather arrogated to himself credit as "dealing with affections of the middle ear in a different manner from that of previous writers." He states, "I have ventured to describe catarrh as distinct from inflammation of the tympanum, and to treat of suppuration and plastic depositions as consequences of inflammation rather than as primary diseases." He also failed to give credit in the matter of recording cases, an improvement due to Dr. J. S. Prout, of Brooklyn, New York. His little book is well written, and we have no doubt in a new edition he will modify some of his statements and give due credit to whom it is due.

I will say adieu for the present, as I shall leave London on Monday, September 27th, for Dover, via Ostend, to Brussels and Antwerp, then up the Rhine, to Heidelberg, to meet the congress of ophthalmologists, where you shall hear from me again.

Your obedient servant,  
CHARLES S. TURNBULL, M. D.

#### Nitrite of Amyl in Puerperal Convulsions, with Rigidity of the Os.

ED. MED. AND SURG. REPORTER:—

This agent having survived the period of novelty, and having proved to be one of our most powerful stimulants and anti-spasmodics, whatever relates to its therapeutics is of interest. The following case exhibits its properties in a new phase, and if similar good results are attained in others, must prove a valuable addition to our puerperal therapeutics.

\* Extract from Preface of Second Edition.

October 5th, 1874. Was called in haste to see Mrs. W., primipara. Six hours after the commencement of labor, upon entering the room, found Mrs. W. in a violent convulsion. Upon examination per vaginam found the os rigid, undilated, and undilatable. Gave four drops of *amyl* by inhalation; it gave almost instant relief; no more convulsions occurred after its administration, although she had four convulsions previous to my arrival; the os dilated rapidly, and a safe delivery was soon secured. I would say it is only in the early stage of labor that the use of *amyl* is admissible. Given after the head has descended into the inferior strait, I would anticipate copious hemorrhage and serious danger, owing to its tendency to dilate the venous and arterial system.

Respectfully yours,

R. K. HINTON, M. D.

Philadelphia, Nov. 2.

## NEWS AND MISCELLANY.

### The National Academy of Science.

Last week this body held its annual meeting in this city, at the University of Pennsylvania.

Various papers were read, chiefly on natural science. One, of medical interest, was presented by Dr. J. L. Le Conte, on "The use of Mineral Poisons for the protection of Agriculture," which elicited much discussion. Remarks were made by Professors Gibbs, of Harvard University; Alexander, of Princeton; Silliman, of Yale; Genth, and Doctors S. Weir Mitchell and R. E. Rogers, which brought out many very important and startling facts in relation to the use of mineral poisons in the extermination of insects destructive of crops and of household pests. The use of Paris or Schweinfurth green, which was the subject of the paper, was principally dwelt on. It had been recommended for the destruction of the Colorado, or potato bug, and the demand for the article had become so large that one chemist in Baltimore manufactured 3000 lbs a day, and druggists in small Western towns ordered it by the ton. It was composed of arsenite and acetate of copper, which were poisonous to both animal and vegetable life. It would not be taken up by the leaves of plants, but would be washed into the soil, which would soon become incapable of supporting vegetation. It was a grave question what chemical changes might take place in the soil that would enable plants to take up these poisons; that such may occur had been recently proved by analyses made by Professor Silliman. The loose way in which this poison was handled, and the absence of all restriction upon its sale were very alarming. Many deaths had occurred, either through accident or design, from Paris green which had been purchased to kill roaches or other vermin.

The increasing sale and use of strychnia for similar purposes was also alluded to. The general use of aniline colors in candy making and for coloring syrups and jellies in imitation of

the fruits from which they were supposed to be made, was instanced as one of the ways in which the health of the people was daily being injured.

#### Hospital of the University of Pennsylvania.

Through a circular issued by this Institution we learn that it contains free beds for poor patients, beds at \$7 per week, and elegantly furnished apartments with one or two beds. These last range in price from \$10 to \$30 per week, and are intended for such private patients as need perfect seclusion, careful nursing, and constant medical supervision.

The building stands by itself, at a distance from the Medical and Academic Departments, and possesses such extensive grounds as forbid any encroachment from private dwelling houses. Its site is on rising ground, easily accessible, and is in a portion of the city which will always command pure air. In its construction the greatest attention was directed towards obtaining perfect ventilation; while every appliance that science has devised for the comfort, the care, and the treatment of the sick, has been secured.

The working Staff consists of the following gentlemen:—

- Dr. Wm. Pepper, Clinical Professor of Medicine.
- Dr. D. Hayes Agnew, Clinical Professor of Surgery.
- Dr. John Neill, Associate Clinical Professor of Surgery.
- Dr. Wm. Goodell, Clinical Professor of Diseases of Women and Children.
- Dr. Wm. F. Norris, Clinical Professor of Diseases of the Eye.
- Dr. George Strawbridge, Clinical Professor of Diseases of the Ear.
- Dr. Horatio C. Wood, Clinical Lecturer on Nervous Diseases.
- Dr. Louis A. Duhring, Clinical Lecturer on Skin Diseases.
- Dr. James Tyson, Clinical Lecturer on Pathological Anatomy and Histology.

Communications respecting the admission of patients should be addressed to that member of the Staff under whose care the case would naturally fall.

#### Vermont Medical Society.

The sixtieth anniversary of this society was held at Montpelier, Oct. 26th and 27th. Delegates were present from the Massachusetts Medical Society and the New Hampshire Medical Society. The first day was occupied with the ordinary business of the society, reports of committees, and discussion on the epidemics of the States. Under this head small-pox was discussed, and the opinion elicited that proper vaccination, and re-vaccination when necessary, is a sure preventive of the disease. Several physicians were admitted to membership in the society, among them Miss Callander, of Middlebury, a lady who is in regular practice, and a

graduate of the Female Medical College, at Boston. The next day Dr. Peck, of Burlington, detailed a case of reaction of the femur. The president's address was also delivered. The subject was "The Future of Medicine."

The officers of the society for the year ensuing are as follows:

*President*—Dr. L. C. Butler, Essex.

*Vice President*—Dr. H. S. Brown, St. Johnsbury.

*Secretary*—Dr. E. S. Peck, Burlington.

*Treasurer*—Dr. S. Putnam, Montpelier.

*Auditor*—Dr. J. N. Stiles, Windsor.

The next semi-annual meeting will be held at Burlington.

#### The Opium Crop.

This crop, according to Mr. Consul Reade, now averages from 4000 to 6000 baskets or cases. Of this quantity the United States require above 2000 cases. The price has risen lately, averaging £1 per pound. Fifteen years ago it averaged 15s. per pound. Owing to the late high prices, some persons at Smyrna have during the last two years adulterated the pure drug by mixing it with spurious matter, and passing it off as first quality. They succeeded in selling about 300 cases during the last two years; but as the fraud has been discovered, the consequence has been that purchasers have been very careful from whom they obtain this drug. The crop for 1874, which is collected in May and June, has suffered considerably from the late severe frosts; consequently a short yield will also increase the value. In 1873 the stock existing in Smyrna was 1500 baskets; in London, 700; and in the United States, 600 baskets.

#### Cases of Cremation.

The body of the late lady Dilke, wife of the well-known liberal, Sir Charles Dilke, was taken to Dresden and burned last month, at her own urgent request before death. The ceremony was performed in the furnace recently invented for burial purposes by Herr Siemens, and the relatives of the deceased lady permitting strangers to be present, a large number of scientific men attended the experiment. When the company had complied with Herr Siemens' request to offer up a mental prayer, the coffin was placed in the chamber of the furnace; six minutes later the coffin burst; five minutes more and the flesh began to melt away; ten minutes more and the skeleton was laid bare; another ten minutes and the bones began to crumble. Seventy-five minutes after the introduction of the coffin into the furnace all that remained of Lady Dilke and the coffin were six pounds of dust, placed in an urn.

This was October 10th. On September 22d, in Breslau, another corpse was burned, the furnaces of the city gas works being used. According to the *Medicinishe Central Zeitung* it required two hours and ten minutes to reduce

it to ashes. These weighed three pounds. It is gratifying to learn that only two hectolitres of coke were required, the total cost of which was thirteen and two-tenths silver groschen, or thirty-one cents United States currency! This is literally cheaper than dirt, and the gravedigger's occupation will soon be gone.

#### Blue Eyes or Brown.

A delightful investigation has just been concluded at Nuremberg. It was to examine the complexion, color of eyes and hair of all the school girls in town. They were in number 9819. The younger members of the profession would doubtless be charmed to continue the investigation here.

The results were that the blondes carried it over the brunettes 83 per cent. to 17; light hair over dark, 51 per cent. to 49, only 4 per cent. being positively black; while in the matter of eyes the ranks were nearly equally divided; 34 per cent. having blue eyes, 31 per cent. gray, and 35 per cent. brown eyes.

#### False Tongue.

Under the above caption the *Visalia* (Cal.) *Delta* says: "No doubt everybody thinks he knows what we mean by this heading. But what we do mean is a disease by that name, several cases of which have occurred on Tule River. The patient is taken with itching on the under side, at the root of the tongue, from which, we are informed, commences a growth of a fungus resembling a tongue, which soon fills the mouth and protrudes from it, causing suffocation and death in a few days, unless relief is obtained."

#### Personal.

—The Italian journals record the premature death of Dr. Antonio Correnti, who, though only aged thirty-two, had already gained considerable reputation as an ophthalmological surgeon, and was attached to the chair of Anatomy in the Royal Institute of Florence.

—A marriage was recently celebrated in Paris, between the son of Baron Thénard, member of the Institute, and grandson of the illustrious chemist, and Mademoiselle Odette de Mussey, the daughter of Dr. Henri-Guénéau de Mussey, the eminent physician to the Orleans princes, who reckons so many friends among the profession in London.

#### OBITUARY.

##### GEORGE G. HACKEDORN, M. D.

George G. Hackedorn, M. D., was born in Huntington County, Pa., September 19th, 1823, and died in Lima, Ohio, September 1st, 1874, aged 45. He graduated from Starling Medical College in the spring of 1851, and pursued his profession until 1857.

March 20th, 1859, he was united in marriage to Miss Lucinda Shurr, his now bereaved widow. Dr. Hackedorn was a man of imposing personal bearing, fine culture, general intelligence, marked characteristics, enterprising and liberal; all of which rendered him a valuable accession to any community.

#### MARRIAGES.

**ALEXANDER-TIFFANY.**—On Thursday, October 15, at the residence of the bride's parents, at Newark, N. J., by Rev. William Cooper Mead, D.D., of Norwalk, Conn., assisted by Rev. Dr. Boggs, Caroline Stowe, daughter of Samuel S. Tiffany, Esq., and Dr. Florian Alexander, of Newark.

**BEEBE-WHITE.**—On Thursday, October 29, 1874, in New York city, by Rev. Wm. Adams, D.D., Clarence E. Beebe, M.D., and Maria Louise, daughter of John Morris White, all of this city.

**CRANE-WHITNEY.**—On Thursday, October 23, at Ivy Nook, New Haven, Connecticut, by Rev. Edwin Harwood, D.D., Dr. John Crane and Caroline W. Suydam, daughter of the late Stephen Whitney, all of New York.

**HODSON-GARVIN.**—On Wednesday, October 14, in New York city, at the residence of the bride's parents, by Rev. William M. Taylor, D.D., Dr. J. F. Pell Hodson and Julia May, daughter of Hon. S. E. Garvin.

**MCCLAINE-BARTON.**—In Philadelphia, September 25, at the residence of the sister of the bride, Mrs. A. T. Lewis, by Rev. R. S. Lewis, of the M. E. Church, Charles H. McClain, M. D., to Nannie Bunting, youngest daughter of the late Irving Barton, Esq., of Philadelphia.

**MCDOWELL-McBRIDE.**—On October 22, 1874, at the Spring Garden M. E. Church, by the Rev. A. J. Kynett, Frank B. McDowell, M. D., and Nannie M. McBride, all of this city.

**PATTERSON-DAVISON.**—At St. Clements, P. E. Church, Twentieth and Cherry streets, Philadelphia, October 22, 1874, by the Rev. Theodore M. Riley, rector, Howard Patterson, M. D., of Stroudsburg, Pa., son of the late Rev. Stearns Patterson, of the Philadelphia M. E. Annual Conference, and Miss R. Jennie Davison, daughter of the late Robert Davison, of Philadelphia.

**SMITH-ELDRIDGE.**—In New York city, 21st ult., by Rev. W. W. Bowditch, Lorraine S. Smith, M.D., of Dartmouth, Mass., and Abbie Allen, daughter of Captain M. L. Eldridge.

**WOODRUFF-ASHCROFT.**—At the residence of the bride's parents, Philadelphia, by Rev. Mr. Stewart, Anna M., only daughter of Charles D. and Mary C. Ashcroft, and Dr. A. B. Woodruff, of Bridgeton, New Jersey.

#### DEATHS.

**PALMER.**—In New York city, Phoebe, wife of Walter C. Palmer, M. D., died November 2, in the 26th year of her age.

**PIERSON.**—At Chicago, Ill., on the 28th ult., Isabel Dana, youngest child of Dr. William and Isabel F. Pierson, of Orange, New Jersey, aged 2 years and 5 days.

**POTTS.**—In St. Paul, Minnesota, on the 6th ult., of paralysis, Thomas Reed Potts, M. D., son of the late Rev. George Potts, of Philadelphia, and brother of the late Rev. George Potts, of New York city, aged sixty-four years.

**STELWAGON.**—On the 13th inst., Tuesday morning, in Philadelphia, Anna B., wife of H. G. Stelwagon, and daughter of the late Theodore Ashmead, M. D., of Germantown.

**STEVENS.**—A. J. W. Stevens, M.D., died in Parkman, Me., July 29, 1874, aged 63 years and 9 months.